(a) whether Government is aware that highest number of unsafe abortions in the world are done in India;

(b) whether it is also a fact that a large number of maternal deaths are caused in the country on account of unsafe abortions;

(c) whether Government is also aware that unsafe abortions have various serious implications *i.e.* life-long disabilities and reproductive tract infection etc.;

(d) whether Government has formulated some stringent action plan to control this menace; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) There is no recent officially published data which has been shared with the Government of India to corroborate the statement that the highest numbers of unsafe abortions in the world are carried out in India.

As per the last survey report of the Registrar General of India, Sample Registration System, titled "Maternal Mortality in India: 1997-2003 trends, causes and risk factors", published in the year 2006, 8% of the maternal deaths in the country are caused by abortions.

Unsafe abortions may have certain serious implications for women and lead to life long disabilities like the necessity of hysterectomy, conditions like vesicovaginal fistula, reproductive tract infections (RTIs), chronic pelvic inflammatory disease (PID), and infertility etc.

Under the National Rural Health Mission and the Reproductive and Child Health Programme Phase II within its umbrella, one of the key strategies to reduce the maternal mortality in the country is the provision of safe, affordable, accessible and acceptable abortion services to women in the public and private sector health facilities, as per the mandate of the Amended Medical Termination of Pregnancy (MTP) 2002 and MTP Rules and Regulations 2003.

**Protection of migrants from HIV infection**

67. MS. MABEL REBELLO:
SHRI B. J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased state:

(a) whether it is proposed to map out high-risk migration corridors in the country to create safe working environment to protect migrants and their families from getting infected with HIV;

(b) if so, the details thereof;

(c) whether it is a fact that abysmal health infrastructure in the backward States is making the treatment and care difficult; and

(d) if so, what is the action plan of Government to develop better health infrastructure in Orissa, Jharkhand and other backward States to control this menace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) NACO is conducting the mapping of high risk groups and migrants in 17 States across India. The mapping process is complete and its re-validation is under way. The proposed scale up of migrant intervention in States across India is based on this mapping exercise.

(c) and (d) Under NACP-III, the Care Support and Treatment of HIV infected person is provided through ART centres and community care centres. The Statewise details of facilities established under NACP-III for HIV care is at the Statement.

***Statement***

*State-wise status of facilities under National AIDS Control Programme as on December 2008*

*Status of facilities under National AIDS Control Programme*

*(December, 2007)*

| State/UT/ Mun. Corp. | Sentinel Sites | Blood Banks | STD Clinics | ICTC | ART Centres | CCC | Targeted Interventions |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| All India | 1215 | 1093 | 845 | 4817 | 197 | 208 | 1232 |
| A & N Islands | 5 | 2 | 1 | 13 | 0 | 0 | 0 |
| Ahmedabad | 0 | 0 | 5 | 0 | 0 | 0 | 14 |
| Andhra Pradesh | 72 | 92 | 85 | 677 | 28 | 39 | 66 |
| Arunachal Pradesh | 18 | 12 | 14 | 35 | 1 | 0 | 19 |
| Assam | 43 | 31 | 23 | 70 | 3 | 3 | 63 |
| Bihar | 65 | 47 | 42 | 207 | 4 | 5 | 28 |
| Chandigarh | 8 | 4 | 3 | 9 | 1 | 1 | 13 |
| Chennai | 0 | 0 | 11 | 74 | 0 | 0 | 26 |
| Chhattisgarh | 21 | 14 | 18 | 90 | 1 | 3 | 27 |
| D & N Haveli | 1 | 1 | 0 | 2 | 0 | 0 | 3 |
| Daman & Diu | 2 | 1 | 0 | 3 | 0 | 0 | 3 |
| Delhi | 20 | 19 | 8 | 89 | 9 | 7 | 65 |
| Goa | 7 | 3 | 4 | 11 | 1 | 2 | 19 |
| Gujarat | 51 | 65 | 36 | 269 | 7 | 6 | 94 |
| Haryana | 30 | 17 | 24 | 85 | 1 | 1 | 32 |
| Himachal Pradesh | 20 | 13 | 14 | 32 | 1 | 1 | 21 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|
| J & K | 24 | 20 | 17 | 24 | 2 | 0 | 6 |
| Jharkhand | 41 | 21 | 17 | 46 | 2 | 2 | 26 |
| Karnataka | 76 | 64 | 31 | 561 | 27 | 28 | 40 |
| Kerala | 23 | 45 | 18 | 103 | 5 | 6 | 47 |
| Lakshadweep | 3 | 1 | 1 | 0 | 0 | 0 | 0 |
| Madhya Pradesh | 54 | 59 | 49 | 103 | 3 | 2 | 66 |
| Maharashtra | 114 | 96 | 43 | 604 | 37 | 28 | 42 |
| Manipur | 24 | 3 | 10 | 54 | 6 | 6 | 57 |
| Meghalaya | 10 | 5 | 7 | 11 | 1 | 0 | 6 |
| Mizoram | 17 | 8 | 7 | 20 | 1 | 2 | 42 |
| Mumbai (MC) | 0 | 0 | 23 | 0 | 0 | 0 | 36 |
| Nagaland | 29 | 8 | 11 | 65 | 4 | 4 | 38 |
| Orissa | 54 | 56 | 19 | 129 | 3 | 4 | 44 |
| Pondicherry | 10 | 5 | 4 | 10 | 1 | 1 | 0 |
| Punjab | 32 | 51 | 17 | 57 | 3 | 3 | 24 |
| Rajasthan | 46 | 43 | 47 | 178 | 4 | 4 | 46 |
| Sikkim | 7 | 2 | 5 | 13 | 1 | 0 | 8 |
| Tamil Nadu | 109 | 94 | 95 | 783 | 27 | 35 | 35 |
| Tripura | 10 | 6 | 5 | 4 | 1 | 2 | 16 |
| Uttar Pradesh | 98 | 68 | 79 | 205 | 7 | 5 | 93 |
| Uttarakhand | 16 | 13 | 9 | 39 | 1 | 0 | 4 |
| West Bengal | 55 | 62 | 44 | 141 | 4 | 8 | 63 |

**Protection of participants of clinical trials**

68. SHRI MAHENDRA MOHAN:
SHRIMATI SHOBHANA BHARTIA:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Indian Council of Medical Research (ICMR) has recently drafted guidelines for compensation to participants for research related injury in the country;

(b) if so, the details thereof;

(c) whether AIIMS has been doing clinical trials using stem cells as well and propose to start a new batch of trials for the patients of Parkinsons disease shortly; and

(d) if so, how Government is going to protect the participants of clinical trials?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Indian Council of Medical Research (ICMR), Forum for